

## **CAMPAIGN FINANCIAL DISCLOSURE STATEMENT**

For State and Local Candidates
For Single-Candidate Committees

•	or ornale our	araute or			
1. PAYE OF REPORT		NDIDATE OR CO	7 //		
Jan 20 2015		mes 5	ethun		
2.b. IF COMMITTEE, NAME OF CANDIDATE				3. ELECTION DATE	,
4.a. CAMPAIGN ADDRESS AND PHONE					-
Street or Rural Route	City		State	Zip Code	Phone
4.b. CANDIDATE'S HOME ADDRESS (if diffe	rent than 4.a.)		0	7. 6	
Street or Rural Route 7/0 Haven Hill DR	EAST Ridg		State	Zip Code 3740	423-8930312
5. OFFICE SOUGHT (include district number	er, if applicable)			REASURER (may be	candidate)
MAYOR		7x	mes a	Delhune	
7. CATEGORY OR REPORT (Check one)				1	
FIRST SECOND THIRD QUARTER QUARTER QUART		PRE-	PRE- GENERAL	MID-YEAR SUPPLEMENTAL	YEAR-END SUPPLEMENTAL
8.a. BEGINNING DATE OF REPORTING PERIOD		8.b. ENDING D			OUT ELIVERYINE
OCT 26 2014		7	AN 15	2015	
9. (Check one)					
a. This campaign is exempt from det tures total \$1,000 or less for this r  b. This campaign is required to file a and/or expenditures total more that	eporting period. (Complete detailed financial disclosure)	ete items 12d., sure because co	12e. and 12f.)		
10. I/we do solemnly swear or affirm that the accurate accounting of campaign contributions of c	outions and expenditures we swear or affirm that r	required to be no campaign con defined by the fe	reported by the	e candidate committer re been expended for revenue code.	e by the Campaign
11. WITNESS SIGNATURE					
Wilma Dethim	1-22-201	~			
signature of witness	date		signat	ture of witness	date
12. SUMMARY				· 21	
a. BALANCE ON HAND LAST REPORT		***************************************		s 150500	_
b. TOTAL RECEIPTS THIS PERIOD	••••••	•••••	***************************************	s /205	=
c. TOTAL DISBURSEMENTS THIS PERIO	DD			s 1505 30	_
d. BALANCE ON HAND (12.a. plus 12.	b. minus 12.c.)		****************	***************************************	s_6
e. TOTAL LOANS OUTSTANDING					s_O
f. TOTAL OBLIGATIONS OUTSTANDIN	S 1:01 WV 9	S NAL 210S	***************************************		s_O



HAMILTON COUNTY

## **SUMMARY PAGE - CANDIDATE**

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVERING THE PERIOD					
Jane Better	FROM: Sety 2014 TO: Jan 52019					
RECEIPTS  15. CONTRIBUTIONS (other than loans and interest)	/					
a. Unitemized Contributions (\$100 or less from each source this period)\$						
b. Itemized Contributions (over \$100 from each source this period)	\$					
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)	\$					
16. LOANS RECEIVED THIS REPORTING PERIOD	\$					
17. INTEREST RECEIVED THIS REPORTING PERIOD	\$					
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)	\$					
DISBURSEMENTS						
19. EXPENDITURES (other than loan payments)						
a. Expenditures (\$100 or less each payee this period) (must be listed by category - e.	.g., printing, postage, gasoline)					
Best Way Prist \$ 1005	32					
Reciption \$ 500	<u>10</u>					
\$						
\$						
\$						
\$						
\$						
\$						
Total of Expenditures (\$100 or less each payee)	\$					
b. Itemized Expenditures (Over \$100 each payee this period)	s 1305,55					
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)	\$ <u>1303.</u>					
20. LOAN REPAYMENTS MADE THIS PERIOD	\$ <u>O</u>					
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)\$						
22.IN-KIND CONTRIBUTIONS						
a. Unitemized in-kind contributions (\$100 or less from each source this period)\$						
b. Itemized in-kind contributions (over \$100 from each source this period)\$						
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.)\$						
23. OBLIGATIONS						
a. Unitemized Obligations Outstanding (\$100 or less each)	\$					
b. Itemized Obligations Outstanding (Over \$100 each)	\$					
c TOTAL OBLIGATIONS OUTSTANDING (add 23 a, and 23 b.) (must be shown i item	112f) \$ U					



## ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE	2. REPORT COVER						
	Amount (C) (3)						
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)							
COMPLETE THE APPROPRIATE ITEMS FOR EACH				to any payee during the peri			
First Name	Middle Name		Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name		Ditim		-1-38			
Address ( Wilk	Jod		Recieption		505,30		
City	State	Zip Code					
First Name	Middle Nam	ne	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name  Qes/ Way T	Name T WAY PAIN		Mail out		\$		
Address					1000		
City	State	Zip Code	Cardo				
First Name	Middle Nam	ne	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name							
Address							
City	State	Zip Code					
First Name	Middle Name		Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name							
Address							
City	State	Zip Code					
First Name	Middle Name		Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name							
Address							
City	State	Zip Code					
First Name	Middle Name		Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name							
Address							
City	State	Zip Code					
5. TOTAL ITEMIZED EXPENDITURES  (Carry forward to item 3. of next page if additional pages of this form are used.)  (If this is the last page of expenditures, this amount must be shown in item 19b. of summary.)							
(If this is the last page of expenditures, this amount must be shown in item 19b. of summary.)							

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Page 3 of 3 RDA 1159